



PATENT  
H0001537

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norman Van Den Bussche : Batch No.: 6960

Serial No. 09/823,623 : Group Art Unit: 1764

Filed: March 31, 2001 : Examiner: Hien Tran

For: NOx FILTER

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA

AMENDMENT AND RESPONSE AFTER FINAL

Sir:

In response to the Final Office Action dated as mailed on December 31, 2003, and having a period of response extending through and including March 31, 2004, please make the below-identified amendments and consider the following remarks:

**No Amendments to the Specification.**

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**No Amendments to the Drawings.**

**Remarks/Arguments** begin on page 5 of this paper.

Date: March 26, 2004

Inventor(s): Norman Van Den Bussche et al.  
 Serial No. 09/823,623  
 Filed : March 31, 2001  
 For : NOx FILTER



COMMISSIONER FOR PATENTS  
 Alexandria, VA 22313-1450

000128

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ Return Receipt Postcard
- ☒ No additional claim fee is required.

The fee has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
Total	*13	minus	**22	= 0	x \$9	= \$	OR	x18	= \$0
Independent	*4	minus	***5	= 0	x \$43	= \$	OR	x86	= \$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+145	= \$	OR	+290	= \$0
					TOTAL	\$	OR	TOTAL	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 01-1125 the amount of \$\_\_\_\_\_. A copy of this transmittal letter is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the extension fee is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the additional claims.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 01-1125. A duplicate copy of this transmittal letter is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Michael A. Shimokaji, Reg. No. 32,303  
 Oral Caglar, Reg. No. 44,577

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 3/26/04

Michael A. Shimokaji, Reg. No. 32,303